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& TRADEMAN	Approved	PTO/SB/30 (09-04) for use through 07/31/2006. OMB 0651-003				
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Request For	Application Number	09/938,125				
Continued Examination (RCE)	Filing Date	August 23, 2001				
Transmittal	First Named Inventor	Jonas ULENAS et al.				
Address to:	Art Unit	2167				
MS: RCE Commissioner for Patents	Examiner Name					
P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Number	Michael A. Cuff JONAS 203.1 US (10103964)				
This is a Request for Continued Examination (RCE) und Request for Continued Examination (RCE) practice under 37 CF 8, 1995, or to any design application.	er 37 CFR 1.114 of the above-					
	if this box is not checked.	iled on				
a. Suspension of action on the above-identifie period of months. (Period of s b. Other	suspension shall not exceed 3 mo	nths; Fee under 37 CFR 1.17(i) required)				
3. Fees The RCE fee under 37 CFR 1.17(e) is require a. X The Director is hereby authorized to charge	e the following fees, or credit	any overpayments, to				
Deposit Account No. 50062		ed a duplicate copy of this sheet.				
	nd 1.17)					
ii. Extension of time fee (37 CFR 1.136 an	iii. X Other Extra Claims \$71.00					
	.00 enclosed					
iii. X Other <u>Extra Claims \$71.00</u>						

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03 FC:2202	75.00 DA	

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	ŻΔN	SMIT	τΔι	Complete if Known				
				Application Number	09/938,1			
i foi	r FY	2005		Filing Date	August 2		•	
Effective 10/01/2004	_		ual revision.	First Named Inventor		Jonas ULENAS et al.		
			· · · · ·	Examiner Name	M. A. Cu	Π		
	x Applicant claims small entity status. See 37 CFR 1.27		Art Unit		3627 NY-JONAS 203-US1			
TOTAL AMOUNT OF	PAYMEN	T (\$)	466.00	Attorney Docket No.		45 203-05		
METHOD OF	PAYMEN	T (check all tha	t apply)	FEE CA	LCULATION	(continued)		
X Check	Credit Ca	ird Mo	oney Order	2. EXTRA CLAIM FEES	6		Small Entity	
Deposit Account		No	ne	Fee Description		<u>Fee (\$)</u>	Fee (\$)	
Account Number	50-00	624		Each claim over 20		18	9	
Deposit Account Fulb	ight & la	worski L.L.P.	7	Each independent claim over	er 3	88	44	
Name			· _	Multiple dependent claims		300	150	
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments To the above-identified deposit account.		For Reissues, each claim ov more than in the original		18	9			
		For Reissues, each independ more than in the original		88	44			
		Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)23- 20 or HP =3x9=27HP= highest number of total claims paid for, if greater than 20						
Other (please identify)				Indep. Claims E	Extra Claims	Fee (\$)	Fee Paid (\$)	
F	EE CALCU	ILATION		3 or HP = HP= highest number of indeper	X <u>1</u>		44 han 3	
1. BASIC FILING FEE				Multiple Dependent Clair		Fee (\$)	Fee Paid (\$)	
Fee Description	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fee Paid (\$)		Sub	total (2) \$	71.00	
Utility Filing Fee	790	395	395.00	3. OTHER FEES Fee Description	Fee (\$)	imall Entity Fee (\$)	Fee Paid	
Design Filing Fee	350	175		1-month extension of time	110	55		
240-Bit 1 mile 1 00	550			2-month extension of time 3-month extension of time	430 980	215 490		
				4-month extension of time	1,530	765		
Plant Filing Fee	550	275		5-month extension of time	2,080	1,040		
				Information disclosure stmt. Fee		180		
Reissue Filing Fee	790	395		37 CFR 1.17(q) processing fee	50	50		
Reissue rinng ree	790	545		Non-English specification Notice of Appeal	130 340	130 170		
				Filing a brief in support of appe		170		
Provisional Filing Fee	160	80	<u> </u>	Request for oral hearing	300	150		
	Subt	otal (1) \$	395.00	Other:	Sub	total (3)	60.00	
SUBMITTED BY		7		<u> </u>				
Signature			<u> </u>	<u> </u>	·····	1		
	In	the	>	Registration No. 40,65 (Attorney/Agent)	7 Telephone	(212)	318-3359	

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ion No. (if known): 09/938,125	Attorney Docket No.: NY-JONAS 203-US1
Certificate of Ma	niling under 37 CFR 1.8
I hereby certify that this correspondence i with sufficient postage as first class mail i	is being deposited with the United States Postal Service in an envelope addressed to:
MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-145	50
on <u>December 8, 2004</u> Date	
<i>[[ln]</i>	Signature
	C. Andrew Im ame of person signing Certificate
40,657 Registration Number, if applicable	(212) 318-3359 Telephone Number
each submitted paper. 1. Fee Transmittal (1 page);	amination Transmittal (1 page); Reply;